

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10556651

11-12-05

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3	1					
4		2				
5		2				
6		2				
7	1					
8						
9		1				
10						
11	1					
12	1					
13		1				
14		2				
15		2				
16		2				
17	1					
18	1					
19	1					
20		3				
21		3				
22	1					
23	1					
24		1				
25	1					
26	1					
27		5				
28		5				
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50						
TOTAL IND.	14					
TOTAL DEP.	49					
TOTAL CLAIMS	63					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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